



Elementary Family Questionnaire

Your responses on this questionnaire will help us to learn more about your child. Please complete each item and return it with your completed application form. There are no "right" or "wrong" answers to the questions.

Child's name: _____ Birthdate: _____ M _____ F _____

1st Parent name: _____ 2nd Parent name: _____

Email: _____ phone #: _____

What languages are spoken in the home? _____

General: *Tell us about your experiences with and observations of your child:*

1. Describe a typical weekday for your child.

2. Describe a typical weekend for your child.

3. What are two things that your child likes to do best?

4. What are two things that your child does not like to do?



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Medical History

1. Were there any significant problems during pregnancy or directly following birth that might have an effect on your child's development (i.e. premature birth, low birth weight, etc.)
2. Was your child more than 3 weeks premature?
3. Have you ever suspected your child has vision problems? If yes, please explain.
3. Have you ever suspected that your child has hearing problems? If yes, please explain
4. Has your child ever had trouble walking, climbing, reaching or holding on to things? If yes, please explain.
4. Does your child have allergies? If yes, please explain.
5. Is your child presently on any medications? If yes, please explain.

Can your child:

Please circle your answer

Express their thoughts and needs easily?

YES

NO

Use the restroom independently during the day?

YES

NO



Children's House Montessori
Established 1971

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Does your child:

Please circle your answer

Use crayons and/or markers to scribble or draw?

YES

NO

Listen to stories being read?

YES

NO

Recall stories or events?

YES

NO

Talk with friends/relatives who come to visit?

YES

NO

Follow simple, age-appropriate directions?

YES

NO

Have opportunities to play with other children?

YES

NO

Is there any other information regarding your child's development that you would like to share with us?

Signature of Parent/ Guardian _____

Date _____

How did you hear about Children's House Montessori School?

CMS Alumni or current Family _____

Google or other search

Press

Advertisement Social Media

What is your experience with Montessori education?